

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Kevin</b> First Name	<b>Wayne</b> Middle Name	<b>Schulz</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b> First Name	<b>Jo</b> Middle Name	<b>Schulz</b> Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**140 25th Street, SW**

Street address, if available, or other description

**Minot ND 58701**  
City State ZIP Code

County

**140 25th Street, SW, Minot, ND 58701**

**What is the property?**

Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

**Who has an interest in the property?**

Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$208,170.00</b>	<b>\$208,170.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☒ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**

**\$208,170.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1.		<b>Who has an interest in the property?</b>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Ford</u>	Check one.		
Model:	<u>F150</u>	<input checked="" type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year:	<u>2016</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>77,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<u>\$21,644.00</u>	<u>\$21,644.00</u>
Other information:		<input type="checkbox"/> At least one of the debtors and another		
<b>2016 Ford F150 (approx. 77,000 miles)</b>		<input type="checkbox"/> Check if this is community property (see instructions)		

3.2.		<b>Who has an interest in the property?</b>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Indian</u>	Check one.		
Model:	<u>Cheftain</u>	<input type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year:	<u>2016</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:		<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<u>\$16,736.00</u>	<u>\$16,736.00</u>
Other information:		<input type="checkbox"/> At least one of the debtors and another		
<b>Indian Chieffan</b>		<input checked="" type="checkbox"/> Check if this is community property (see instructions)		

### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →

**\$38,380.00**

## Part 3: Describe Your Personal and Household Items

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

### 6. Household goods and furnishings

*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

**See continuation page(s).**

**\$1,570.00**

### 7. Electronics

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe.....

**See continuation page(s).**

**\$550.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

**Books**

**\$50.00**

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Clothes**

**\$300.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Costume Jewelry, anniversary ring**

**\$230.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$2,700.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash: .....

**\$10.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes..... Institution name:

17.1. Checking account: **Bank of America Checking Account** **\$23.00**

17.2. Savings account: **Bank of America Savings Account** **\$20.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

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**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*

☒ No

☐ Yes. Give specific information about them

**27. Licenses, franchises, and other general intangibles**

*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*

☒ No

☐ Yes. Give specific information about them

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

*Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*

☒ No

☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*

☒ No

☐ Yes. Give specific information

**31. Interests in insurance policies**

*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*

☐ No

☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**His life Insurance term life - 100000**

**Spouse**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

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**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**



**\$53.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe..

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☒ No

☐ Yes. Describe..

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe..

**41. Inventory**

☒ No

☐ Yes. Describe..

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe..... Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe....

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

→ **\$0.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
**If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**47. Farm animals**

*Examples: Livestock, poultry, farm-raised fish*

- ☒ No  
☐ Yes....

**48. Crops--either growing or harvested**

- ☒ No  
☐ Yes. Give specific  
information.....

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes....

**50. Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes....

**51. Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific  
information.....

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....**

→ **\$0.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

*Examples:* Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → **\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... → **\$208,170.00**

56. Part 2: Total vehicles, line 5 **\$38,380.00**

57. Part 3: Total personal and household items, line 15 **\$2,700.00**

58. Part 4: Total financial assets, line 36 **\$53.00**

59. Part 5: Total business-related property, line 45 **\$0.00**

60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**

61. Part 7: Total other property not listed, line 54 **+\$0.00**

62. Total personal property. Add lines 56 through 61..... **\$41,133.00** Copy personal property total → **+\$41,133.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62..... **\$249,303.00**



Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

6. Household goods and furnishings (details):

Sofa	<u>\$100.00</u>
Loveseat	<u>\$85.00</u>
Entertainment Center/Tv Cabinet	<u>\$50.00</u>
Sofa Tables	<u>\$20.00</u>
Kitchen Tables	<u>\$80.00</u>
Refrigerator/Freezer	<u>\$200.00</u>
Washing Machine	<u>\$200.00</u>
Clothes Dryer	<u>\$200.00</u>
Dishes/Flatware	<u>\$25.00</u>
China/Silverware	<u>\$10.00</u>
Pots/Pans/Cookware	<u>\$20.00</u>
Beds 3	<u>\$200.00</u>
Dressers/Nightstands	<u>\$350.00</u>
Lamps/Accessories	<u>\$10.00</u>
Lawnmower	<u>\$20.00</u>

7. Electronics (details):

TVs 32 in, 36 in	<u>\$200.00</u>
Personal Computer/Printer	<u>\$100.00</u>
Stereo	<u>\$50.00</u>
Cell Phones	<u>\$150.00</u>
Camera	<u>\$50.00</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b>	<b>Wayne</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b>	<b>Jo</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.1

**Boenglandmor**

Creditor's name

**123 S Main St**

Number Street

**Describe the property that secures the claim:**

**140 25 St SW Minot, SD 58701**

**\$208,170.00**

**\$208,170.00**

**England**

City

**AR 72046**

State ZIP Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

**Conventional Real Estate Mortgage**

**Date debt was incurred** **04/2016**

**Last 4 digits of account number** **0 9 7 9**

**Surrender**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$208,170.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral

**Column B**  
**Value of collateral that supports this claim**

**Column C**  
**Unsecured portion**  
If any

2.2

Describe the property that secures the claim:

**\$22,778.29**

**\$21,644.00**

**\$1,134.29**

**Ford Motor Credit**

Creditor's name

**National Bankruptcy Service Center**

Number Street

**PO Box 62180**

**2016 Ford F150 (approx. 77,000 miles)**

**Colorado Springs CO 80962**

City State ZIP Code

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Automobile**

Date debt was incurred **05/31/2016**

Last 4 digits of account number **0 0 3 6**

**Surrender**

2.3

Describe the property that secures the claim:

**\$6,909.31**

**\$16,736.00**

**Sheffield Financial**

Creditor's name

**Attn: Bankruptcy**

Number Street

**PO Box 580229**

**2016 Indian Chieffa**

**Charlotte NC 28258**

City State ZIP Code

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Recreational**

Date debt was incurred **04/30/2016**

Last 4 digits of account number **2 6 0 0**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$29,687.60**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.4

Describe the property that secures the claim:

**\$3,008.15**

**\$3,008.15**

**Ward County Real Estate Tax**

**140 25 St SW Minot SD 58701**

Creditor's name

**PO Box 5005**

Number Street

**Minot**

**ND 58702**

City

State ZIP Code

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Property Taxes**

Date debt was incurred **2018**

Last 4 digits of account number **0 2 8 0**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$3,008.15**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$240,865.75**

**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b>	<b>Wayne</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b>	<b>Jo</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name	Last 4 digits of account number		
Number Street	When was the debt incurred?		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**Unknown**

4.1

**All-Star Orthopaedics**

Nonpriority Creditor's Name

**910 E Southlake Blvd #155**

Number Street

**Southlake, TX TX76092**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number n o w n

When was the debt incurred? 09/19

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

4.2

**Allmand Law Firm, PLLC**

Nonpriority Creditor's Name

**860 Airport Freeway, Suite 401**

Number Street

**Hurst TX 76054**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 10/17/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Attorney Fees**

**\$1,500.00**

**In the plan**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$2,680.47**

**4.3**

**Area Metroplitan Ambulance Authority**

Nonpriority Creditor's Name

**2900 Alta Mere Drive**

Number Street

**Ft. Worth TX 76116-4115**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.4**

**Barclays Bank Delaware**

Nonpriority Creditor's Name

**Attn: Correspondence**

Number Street

**PO Box 8801**

**Wilmington DE 19899**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.5**

**Baylor Scott & White**

Nonpriority Creditor's Name

**3500 Gaston Ave**

Number Street

**Dallas TX 75246**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_ \_ \_ \_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

**Last 4 digits of account number** 3 2 4 6

**When was the debt incurred?** 07/2014

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

**\$2,439.00**

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** 09/19

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

**\$280.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$324.00**

4.6

**Capital One**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street  
**PO Box 30285**

**Salt Lake City UT 84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **6 6 9 8**

**When was the debt incurred?** **05/2007**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.7

**Chase Card Services**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street  
**PO Box 15298**

**Wilmington DE 19850**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **8 6 9 0**

**When was the debt incurred?** **02/2012**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

**\$8,674.00**

4.8

**Credit One Bank**

Nonpriority Creditor's Name

**ATTN: Bankruptcy Department**

Number Street  
**PO Box 98873**

**Las Vegas NV 89193**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9 8 3 0**

**When was the debt incurred?** **12/1995**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

**\$2,448.00**



Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$2,278.00**

4.9

**DATCU Credit Union**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 827**

**Denton**

**TX**

**76202**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0 0 0 2**

When was the debt incurred? **06/1994**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.10

**Grapevine Medical & Surgical Center**

Nonpriority Creditor's Name

**1501 W Northwest Hwy**

Number Street

**Grapevine**

**TX**

**76051**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred? **09/19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

4.11

**Greater Dallas Orthopedics**

Nonpriority Creditor's Name

**PO Box 610187**

Number Street

**Dallas**

**TX**

**75261-0187**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

**\$50.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.12

**\$50.00**

**MFAD Metroplex Foot and Ankle Center-Den**

Nonpriority Creditor's Name

**4375 Booth Calloway Road, Suite 501**

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**N Richland Hills TX 76180**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

4.13

**\$554.00**

**Nationwide Recovery**

Nonpriority Creditor's Name

**501 Shelley Dr Ste 300**

Number Street

Last 4 digits of account number **7 7 3 4**

When was the debt incurred? **01/2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Tyler TX 75701**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDSTAR MOBILE HEALTHCARE**

4.14

**\$150.00**

**Red line Property Management**

Nonpriority Creditor's Name

**1023 3rd Street NE**

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Minot ND 58701**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Misc. Claim**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$312.87**

4.15

**Seventh Avenue**

Nonpriority Creditor's Name

**1112 7th Avenue**

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Misc. Claim**

**Monroe**

**WI**

**53566**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.16

**Synchrony Bank/ JC Penneys**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 956060**

Last 4 digits of account number

**3 0 4 2**

When was the debt incurred?

**11/1996**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Charge Account**

**Orlando**

**FL**

**32896**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.17

**Synchrony Bank/Care Credit**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept**

Number Street

**PO Box 965060**

Last 4 digits of account number

**1 1 3 7**

When was the debt incurred?

**08/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Charge Account**

**Orlando**

**FL**

**32896**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$3,560.00**

**\$1,175.00**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$260.00**

4.18

**Texas Health Presbyterian Hospital**

Nonpriority Creditor's Name  
**4400 Long Prairie Rd.**  
Number Street

Last 4 digits of account number n o w n

When was the debt incurred? 10/05/19

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Flower Mound TX 75028**  
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Bills**

4.19

**\$260.00**

**Texas Health Presbyterian Hospital**

Nonpriority Creditor's Name  
**4400 Long Prairie Rd.**  
Number Street

Last 4 digits of account number n o w n

When was the debt incurred? 09/19

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Flower Mound TX 75028**  
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Bills**

4.20

**\$2,229.95**

**Texas Health Resources**

Nonpriority Creditor's Name  
**c/o Creditors Bankruptcy Services**  
Number Street  
**P.O. Box 740933**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 11/22/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75374**  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Bills**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$168.21**

4.21

**Texas Radiology Associates**

Nonpriority Creditor's Name

**PO Box 3368**

Number Street

Last 4 digits of account number **4 7 X 1**

When was the debt incurred? **09/19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Indianapolis IN 46206-3368**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

**\$314.27**

4.22

**Trinity Medical Group**

Nonpriority Creditor's Name

**PO Box 5010**

Number Street

**Minot, ND58702-5010**

Last 4 digits of account number

When was the debt incurred? **09/19**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Bills**

**\$8,543.00**

4.23

**Wells Fargo Bank NA**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**1 Home Campus MAC X2303-01A**

Last 4 digits of account number **9 2 2 9**

When was the debt incurred? **08/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Des Moines IA 50328**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**LVNC Funding LLC**

Name

**Resurgent Capital Services**

Number Street

**PO Box 10587**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Greenville**

**SC**

**29603**

City

State

ZIP Code

**Portfolio Recovery Associates, LLC**

Name

**PO Box 12914**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Norfolk**

**VA**

**23541**

City

State

ZIP Code

**Virginia Crown LLC**

Name

**44044 Riverpoint Dr**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

**Contract/Lease**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Leesburg**

**VA**

**20176**

City

State

ZIP Code

**Residential Lease**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$39,100.77</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$39,100.77</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b>	<b>Wayne</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b>	<b>Jo</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

**Person or company with whom you have the contract or lease**

**State what the contract or lease is for**

**2.1 Alliance Raceway Storage Unit**

Name  
**17176 FM 156**  
Number Street

**Storage Unit**  
**Contract to be ASSUMED**

**Justin**  
City  
**TX**  
State  
**76247**  
ZIP Code

**2.2 Virginia Crown LLC**

Name  
**44044 Riverpoint Dr**  
Number Street

**Residential Lease**  
**Contract to be REJECTED**

**Leesburg**  
City  
**VA**  
State  
**20176**  
ZIP Code



**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b>	<b>Wayne</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b>	<b>Jo</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☒ Yes

In which community state or territory did you live? **Texas** Fill in the name and current address of that person.

**Martha Jo Schulz**

Name of your spouse, former spouse, or legal equivalent

**408 Silver Mine Dr**

Number Street

**Justin**

City

**TX**

State

**76247**

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b>	<b>Wayne</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b>	<b>Jo</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF TEXAS</b>		
Case number (if known)	<b>19-42845-7</b>		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Debtor 1**

- ☒ Employed  
☐ Not employed

**Debtor 2 or non-filing spouse**

- ☐ Employed  
☒ Not employed

**Occupation**

**Unemployed**

**Unemployed**

**Employer's name**

**Employer's address**

Number Street

Number Street

City

State Zip Code

City

State Zip Code

How long employed there?

**1 month**

**5 years**

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<b>\$0.00</b>	<b>\$0.00</b>
<b>3. Estimate and list monthly overtime pay.</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<b>\$0.00</b>	<b>\$0.00</b>

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$0.00</b>	<b>\$0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	<b>\$0.00</b>	<b>\$0.00</b>
5b. Mandatory contributions for retirement plans	<b>\$0.00</b>	<b>\$0.00</b>
5c. Voluntary contributions for retirement plans	<b>\$0.00</b>	<b>\$0.00</b>
5d. Required repayments of retirement fund loans	<b>\$0.00</b>	<b>\$0.00</b>
5e. Insurance	<b>\$0.00</b>	<b>\$0.00</b>
5f. Domestic support obligations	<b>\$0.00</b>	<b>\$0.00</b>
5g. Union dues	<b>\$0.00</b>	<b>\$0.00</b>
5h. Other deductions. Specify: <b>Life Insurance</b>	<b>\$21.49</b>	<b>\$0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>\$21.49</b>	<b>\$0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>(\$21.49)</b>	<b>\$0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	<b>\$0.00</b>	<b>\$0.00</b>
8b. Interest and dividends	<b>\$0.00</b>	<b>\$0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	<b>\$0.00</b>	<b>\$0.00</b>
8d. Unemployment compensation	<b>\$4,649.67</b>	<b>\$0.00</b>
8e. Social Security	<b>\$0.00</b>	<b>\$0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	<b>\$0.00</b>	<b>\$0.00</b>
8g. Pension or retirement income	<b>\$0.00</b>	<b>\$0.00</b>
8h. Other monthly income. Specify: _____	<b>\$0.00</b>	<b>\$0.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>\$4,649.67</b>	<b>\$0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>\$4,628.18</b>	<b>\$0.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		<b>\$0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		<b>\$4,628.18</b> Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>Federal unemployment supplement will expire. Debtor was a plant manager for a mill and job opportunities are limited in this economic climate.</b>		

**Fill in this information to identify your case:**

Debtor 1 **Kevin Wayne Schulz**  
First Name Middle Name Last Name

Debtor 2 **Martha Jo Schulz**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number **19-42845-7**  
(if known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**  
 Include first mortgage payments and any rent for the ground or lot.  
**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4. **\$1,000.00**  
 (See continuation sheet(s) for details)

- 4a. \_\_\_\_\_
- 4b. \_\_\_\_\_
- 4c. \_\_\_\_\_
- 4d. \_\_\_\_\_

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Your expenses**

<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	5.	_____
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	_____
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	_____
6d. Other. Specify: <u><b>Cell Phone</b></u>	6d.	<b>\$150.00</b>
<b>7. Food and housekeeping supplies</b>	7.	<b>\$650.00</b>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<b>\$125.00</b>
<b>10. Personal care products and services</b>	10.	<b>\$150.00</b>
<b>11. Medical and dental expenses</b> (Prescriptions with Insurance)	11.	<b>\$300.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<b>\$200.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<b>\$200.00</b>
<b>14. Charitable contributions and religious donations</b>	14.	_____
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<b>\$84.00</b>
15b. Health insurance	15b.	<b>\$450.00</b>
15c. Vehicle insurance	15c.	<b>\$243.00</b>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1 <b>Indian</b>	17a.	<b>\$325.00</b>
17b. Car payments for Vehicle 2 <b>Anticipated Car Payment</b>	17b.	<b>\$500.00</b>
17c. Other. Specify: <u><b>Storage unit</b></u>	17c.	<b>\$140.00</b>
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: \_\_\_\_\_ 21. **+** \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a. <b>\$4,517.00</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <b>\$4,517.00</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <b>\$4,628.18</b>
23b. Copy your monthly expenses from line 22c above.	23b. <b>-\$4,517.00</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <b>\$111.18</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

4. The rental or home ownership expense for your residence (details):

Rent and Utility Contribution at Son's House	\$1,000.00
Total:	<div><div>\$1,000.00</div></div>

**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b>	<b>Wayne</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b>	<b>Jo</b>	<b>Schulz</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$208,170.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$41,133.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$249,303.00</b>

**Part 2: Summarize Your Liabilities**

**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<b>\$240,865.75</b>
---	---------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>\$39,100.77</b>

**Your total liabilities**

**\$279,966.52**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$4,628.18</b>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$4,517.00</b>
---	-------------------



Debtor 1 **Kevin Wayne Schulz**  
Debtor 2 **Martha Jo Schulz**

Case number (if known) **19-42845-7**

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$0.00**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$0.00</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Kevin</b> First Name	<b>Wayne</b> Middle Name	<b>Schulz</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Martha</b> First Name	<b>Jo</b> Middle Name	<b>Schulz</b> Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>19-42845-7</b>		

☒ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X /s/ Kevin Wayne Schulz**  
Kevin Wayne Schulz, Debtor 1

Date **05/22/2020**  
MM / DD / YYYY

**X /s/ Martha Jo Schulz**  
Martha Jo Schulz, Debtor 2

Date **05/22/2020**  
MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION

IN RE:

Kevin Wayne Schulz  
Martha Jo Schulz

Debtor(s)

§  
§  
§  
§  
§

Case No. 19-42845-7

Chapter 7

**DECLARATION FOR ELECTRONIC FILING OF AMENDED PETITION,  
ORIGINAL/AMENDED BANKRUPTCY STATEMENTS AND SCHEDULES,  
AND/OR AMENDED MASTER MAILING LIST (MATRIX)**

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company named as the debtor in this case, I HEREBY DECLARE UNDER PENALTY OF PERJURY that I have read

- ☐ the original statements and schedules to be filed electronically in this case
- ☐ the voluntary petition as amended on \_\_\_\_\_ and to be filed electronically in this case
- ☒ the statements and schedules as amended on 5/22/2020 and to be filed electronically in this case:  
Schedule A/B; Schedule C; Schedule D; Schedule E/F; Schedule G; Schedule H; Schedule I; Schedule J; Declaration  
of Schedules

- ☐ the master mailing list (matrix) as amended on \_\_\_\_\_ and to be filed electronically in this case

and that the information provided therein is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within five (5) business days after such statements, schedules, and/or amended petition or matrix have been filed electronically. I understand that a failure to file the signed original of this Declaration as to any original statements and schedules will result in the dismissal of my case and that, as to any amended petition, statement, schedule or matrix, such failure may result in the striking of the amendment(s).

- ☐ *[Only include if petitioner is a corporation, partnership or limited liability company] --*  
I hereby further declare under penalty of perjury that I have been authorized to file the statements, schedules, and/or amended petition or amended matrix on behalf of the debtor in this case.

Date: 5/22/2020      /s/ Kevin Wayne Schulz      /s/ Martha Jo Schulz  
Kevin Wayne Schulz      Martha Jo Schulz  
Debtor      Joint Debtor